

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number C C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	5

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	5

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1307.83

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

05/29/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Wil Lutz

Date

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8Mailing Address
2321 2nd St So

Amount

28.62

City
ArlingtonState
VAZip Code
22204Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

314.77

Full Name (Last, First, Middle Initial) of Payee
Jessica Brand

Date

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8Mailing Address
1418 W St NW #103

Amount

12.30

City
WashingtonState
DCZip Code
20009Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

86.13

Full Name (Last, First, Middle Initial) of Payee
Ed Yoon

Date

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8Mailing Address
146 S Oxford Ave #1

Amount

472.58

City
Los AngelesState
CAZip Code
90004Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

23365.36

(a) SUBTOTAL of Itemized Independent Expenditures

513.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Joshua Sabato

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

Mailing Address

611 Lead Ave SW #505

Amount

236.34

City

Albuquerque

State

NM

Zip Code

87102

Purpose of Expenditure

salary

Category/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Heather Wilson

Calendar Year-To-Date Per Election
for Office Sought

1654.38

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

David Kirk

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

Mailing Address

3017 Stevenson Place NW

Amount

206.75

City

Washington

State

DC

Zip Code

20015

Purpose of Expenditure

salary

Category/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Heather Wilson

Calendar Year-To-Date Per Election
for Office Sought

1602.29

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Brian McGann

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

Mailing Address

3908 Victoria Oaks Trail

Amount

147.66

City

Annandale

State

VA

Zip Code

22003

Purpose of Expenditure

salary

Category/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Heather Wilson

Calendar Year-To-Date Per Election
for Office Sought

1085.13

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

590.75

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Liam Flynn

Date

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8Mailing Address
283 Rimbey Ave

Amount

147.66

City
GahannaState
OHZip Code
43230Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

1033.62

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
USPS

Date

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Mailing Address

Amount

21.30

City
AlbuquerqueState
NMZip Code
87103Purpose of Expenditure
deliveryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

44.45

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Shell

Date

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8Mailing Address
21 St Francis Dr

Amount

34.62

City
TularosaState
NMZip Code
88352Purpose of Expenditure
gasCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

34.62

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

203.58

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

1307.83